

Case Number:	CM14-0054852		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2004
Decision Date:	07/20/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on 9/24/04. He reported pain in his lower back after a slip and fall accident. The injured worker was diagnosed as having lumbar radiculopathy and disc extrusion at L4-L5 with spinal stenosis. Treatment to date has included physical therapy, several lumbar MRIs and an EMG/NCV on 5/2/13. Current medications include Norco (since at least 6/30/14), Naproxen, Promolaxin and Omeprazole. As of the PR2 dated 3/16/15, the injured worker reports pain in his lower back. He rates his pain a 5/10 without medications and a 1/10 with medications. Objective findings include decreased lumbar range of motion, a positive straight leg raise test bilaterally and moderate paralumbar muscle spasms. A progress note on 5/19/15 indicated increasing 8/10 pain. The treating physician requested Norco 7.5/325mg #90 and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for nearly a year . There was no mention of Tylenol, NSAID, weaning or Tricyclic failure previously. The recent addition of Naproxen indicated reduced effectiveness of Norco. The continued and chronic use of Norco is not medically necessary.